



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Email: occpromerades@ct.gov
 Web Site: www.ct.gov/dcp

Mechanical Contractor Registration Application

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order in the amount of \$110.00**, made payable to **"Treasurer, State of Connecticut."** Application fees are non-refundable. All registrations expire annually on August 31st.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant Legal Standing:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership
Name of Applicant (use Corporation, LLC, Partnership or Limited Partnership name if filing as such)			
Trade (DBA) Name if Applicable		Name of Owner (if different from applicant)	
Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN or SSN (if Sole Proprietor)	Email Address	
Mailing Address (if different than above)	City	State	Zip Code
Has the applicant, any officer, member or partner of the corporation ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the Criminal Conviction Worksheet available on our web site at www.ct.gov/dcp and attach to this application.			

ORGANIZATIONAL INFORMATION: Please fill out only the section that pertains to your organization.

If Corporation:

Date of Incorporation	State of Organization
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List Names of Officers/Directors

Name	Address
Name	Address
Name	Address

If Limited Liability Company, Partnership or Limited Partnership:

List Names of all Members/Partners

Name	Address
Name	Address
Name	Address

ATTACHMENTS TO APPLICATION:

- List below the names, addresses, social security numbers, license types and license numbers of all 10 or more employees performing such work. Use additional sheets if necessary.
- Attach a Letter of Good Standing on all taxes from the Department of Revenue Services. The letter must include the applicant's business name and tax number.

Name and Address	Social Security Number	License Type	License Number

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths)

The undersigned being duly sworn, upon his/her oath deposes and says that the foregoing statements to the best of his/her knowledge and belief are true and made in good faith.

Applicant Title Date

Subscribed and sworn to before me this _____ day of _____ 20_____ Notary Seal

Signature of Notary Public/Justice of the Peace My Commission Expires